

740 42A740

KENTUCKY INDIVIDUAL INCOME TAX RETURN **Full-Year Residents Only**

For calendar year or 2001

		^									
		A. Spouse's Social Security Number	000000	A.	B.	В	. Your	Social Sec	urity Num	nber	
			≺ Sp	ouse's	Yours	>					
		Name—Last, First, Middle Initial (Joint of		rn, give both	names and ir						
	_										
	A	Mailing Address (Number and Street Inc	P.O. Box)								
	В										
	E	City, Town or Post Office				State		ZIP Code	е		
	_										
						landand	8				
		FILING STATUS (see instructions)					POLITICAL PARTY FUND				
1		Single				Designating \$2 will not change your refund or tax of					
2	H	Married, filing separately on this comb	bined return. (If b	oth had inco	me.)	Democratic		Spouse (1)	(4)	ourself	
3	H	Married, filing joint return. Married, filing separate returns. Enter	r chausa's Sasial	Cocurity pur	mhor abovo	Republican		(2)	(5)	H	
4		and full name here.	spouse's Social	Security riui	libel above	No Designati		(3)	(6)		
	FDITE	Check Regular	Check both i	f 65 or over	Check both	if blind					
	EDITS	edits for yourself:			_		5 F		- £		
J		redits for spouse:	<u> </u>			=		ter number o kes checked			
6		ist first names of your dependent children who lived with you. (a) (b) (c) (d) (st name and relationship of other dependents.					6 Ent	ter number o	of	200000	
	(a)							ldren listed			
7	List na						7 Ent	ter number o	of other		
8	Add to	ntal number of credits claimed on lines 5	5. 6 and 7. If marr	ried filina sen	arately on a c	combined	de _l	oendents lis	ted		
8	Add to	otal number of credits claimed on lines 5 (Filing Status 2), divide the amount on lines 2 in Roy P	5, 6 and 7. If marr ne 8 and enter in	ried filing sep Boxes A and	arately on a c B. All other fi	combined lers enter	de _l		ted		
8	return the an	(Filing Status 2), divide the amount on ling ount from line 8 in Box B	ne 8 and enter in	Boxes A and	B. All other fi	lers enter ≻	de _l	oendents lis	ted lits		
8	return the an	otal number of credits claimed on lines 5 (Filing Status 2), divide the amount on line 10 amount on line 11 amount from line 12 in Box 13 amount from credits	ne 8 and enter in	Boxes A and	B. All other fi	lers enter ≻	de _l	oendents lis	ted		
8 AD .	return the an Each t	(Filing Status 2), divide the amount on ling ount from line 8 in Box B	ne 8 and enter in	Boxes A and lits from lines e (Use if Fili	B. All other fi	lers enterb be divided. s checked.)	de _l 8 Ent	er total cred	ted lits B.	nt)	
	return the an Each ta	(Filing Status 2), divide the amount on line ount from line 8 in Box Baxpayer must claim his or her own credits D GROSS INCOME	ne 8 and enter in	Boxes A andlits from lines	B. All other fi	be divided. s checked.) Cents	de _l 8 Ent	pendents lister total crec	ted lits B.		
8 AD :	return the an Each to JUSTE	(Filing Status 2), divide the amount on ling and the state of the stat	from line 5. Cred	Boxes A and lits from lines e (Use if Fili	B. All other fi	lers enterb be divided. s checked.)	de _l 8 Ent	er total cred	ted lits B.	nt) Ce	
9	Each to	(Filing Status 2), divide the amount on line ount from line 8 in Box Baxpayer must claim his or her own credits D GROSS INCOME amount from federal Form 1040,	from line 5. Cred A. Spouse	Boxes A and lits from lines e (Use if Fili	B. All other fi	be divided. s checked.) Cents	de _l 8 Ent	er total cred	ted lits B.	nt) Ce	
9 10	Each to	(Filing Status 2), divide the amount on line ount from line 8 in Box B	from line 5. Cred A. Spouse 9	Boxes A and lits from lines e (Use if Fili	B. All other fi	be divided. s checked.) Cents	de _l 8 Ent	er total cred	ted lits B.	ont) Ce	
9 10 11	Each to JUSTE Enter a line 33 Addition	(Filing Status 2), divide the amount on line ount from line 8 in Box B	A. Spouse	Boxes A and lits from lines e (Use if Fili	B. All other fi	be divided. schecked.) Cents 0 0 0 0	de _l 8 Ent	er total cred	ted lits B.	nt) Ce	
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TAX	Dollars Cents
18 Enter amount from line 17	0.0
19 Enter Low Income Tax Credit from worksheet in the instructions	. 0 0
20 Subtract line 19 from line 18	. 0 0
21 Enter Child and Dependent Care Credit from federal Form 2441, line 9 > x 20% (.20)	. 0 0
22 Income Tax Liability. Subtract line 21 from line 20. If line 21 exceeds line 20, enter zero	0 0
23 Enter KENTUCKY USE TAX from worksheet in the instructions	0 0
24 Add lines 22 and 23. This is your Total Tax Liability	0 0
25 (a) Enter Kentucky income tax withheld as shown on attached 2001 wage	
and tax statements	
payments	
26 Add lines 25(a) and 25(b)	. 0 0
27 If line 26 is larger than line 24, enter AMOUNT OVERPAID (see instructions)	. 00
See instructions for a detailed description of funds. > (Enter amount(s) checked)	
28 Nature and Wildlife Fund Contribution \$ 2 \$ \$ \$ \$ \$ \$ O \$ O \$	
29 Child Victims' Trust Fund Contribution	
30 Bluegrass State Games and U.S. Olympic Committee Fund Contribution	
31 Veterans' Program Trust Fund Contribution	
32 Add lines 28 through 31	0 0
_	0.0
33 Amount of line 27 to be CREDITED to your 2002 ESTIMATED TAX	0.0
34 Subtract lines 32 and 33 from line 27. Amount to be REFUNDED TO YOU	
TAX PAYMENT SUMMARY	
35 If line 24 is larger than line 26, enter ADDITIONAL TAX DUE	. 00
36 (a) 2210-K (c) Late payment penalty penalty	
(d) Late filing	
Check if Form 2210-K attached penalty (e) Add lines 36(a) through 36(d).	0.0
(b) Interest Enter here36(e)	
37 Add lines 35 and 36(e) and enter here. This is the AMOUNT YOU OWE	. 00
Make check payable to Kentucky State Treasurer . Write your Social Security number and "KY Income Tax—2001" on the check. Place on top of wage and tax statements on page 1 .	
Attach a complete copy of federal Form 1040 if you received Do you wish to receive a packet	et next Packet Label
farm, business, or rental income or loss. If you are not required to attach a copy of your federal return, year, or do you need only a na and address label for filing you	
check here	
I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and this return.	a combined return under the provisions of
Your Signature (If joint or combined return, both must sign.) Spouse's Signature Date Signed	
Typed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Date	Telephone Number (daytime)
42A7400123 Mail to: REFUNDS Kentucky Revenue Cabinet, Frankford	t, KY 40618-0006.
PAYMENTS Kentucky Revenue Cabinet, Frankford	t, KY 40619-0008.